

**Employee References Copy**  
**W-2 Wage and Tax Statement 2023**  
OMB No. 1545-0048

**Copy 1 for employer's records.**

**d Control number** Dept. Corp. Employer use only  
 0000009237 73L CC\_IT DCWG E S 7880

**e Employer's name, address, and ZIP code**  
 OAK STREET HEALTH MSO LLC  
 30 W MONROE ST  
 CHICAGO, IL 60603-2495

**e/f Employee's name, address, and ZIP code**  
 SRIKUMAR PYARASANI  
 700 BRADLEY PARK LN  
 APT 721  
 CUMMING, GA 30040

**b Employer's FED ID number** **a Employee's SSA number**  
 46-2605165 XXX-XX-5350

**1 Wages, tips, other comp.** **2 Federal income tax withheld**  
 11204.60 1925.72

**3 Social security wages** **4 Social security tax withheld**  
 11204.60 694.69

**5 Medicare wages and tips** **6 Medicare tax withheld**  
 11204.60 162.47

**7 Social security tips** **8 Allocated tips**

**10 Dependent care benefits**

**11 Nonqualified plans** **12a See instructions for box 12**  
 C 0.74

**12b** **12c** **12d**

**13 Stat emp. Ret. plan 3rd party sick pay**

**15 State** **Employer's state ID no.** **16 State wages, tips, etc.**  
 GA 3323415-NJ 11204.60

**17 State income tax** **18 Local wages, tips, etc.**  
 607.11

**19 Local income tax** **20 Locality name**

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	11,204.60	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	694.69
FED. INCOME TAX WITHHELD BOX 02 OF W-2	1,925.72	MEDICARE TAX WITHHELD BOX 05 OF W-2	162.47
STATE INCOME TAX BOX 17 OF W-2	607.11	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information file a new W-4 with your payroll department

SRIKUMAR PYARASANI  
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Social Security Number: XXX-XX-5350



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**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2023**  
OMB No. 1545-0048  
 Copy 2 to be filed with employer's Federal Income Tax Return.

**GA. State Filing Copy**  
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**City or Local Filing Copy**  
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